

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2	/						52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11	/						61							
12		/					62							
13	/						63							
14		/					64							
15	/						65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
24		/					74							
25		/					75							
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28	/						78							
29		/					79							
30		/					80							
31	/						81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5						TOTAL IND.							
TOTAL DEP.	93	↔		↔		↔	TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS	98						TOTAL CLAIMS							

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